

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017937

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 13Primary Registration District No. 3002Registrar's No. 78

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 13 Primary Registration District No. 3002 Registrar's No. 78

FILED JUN 7 1962

1. PLACE OF DEATH

a. COUNTY

Barry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MonettLength of stay in lb
73 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Vincent HospitalInside Limits
Yes ☒ No ☐c. CITY
OR TOWN MonettInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
508 Pearl StreetReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

James

Middle

Arthur

Last

Owens

4. DATE
OF DEATH

Month

May

Day

28,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/28/89

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Carpenter

11. BIRTHPLACE (City and state or country)

Barry County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

W. C. Owens

13b. MOTHER'S MAIDEN NAME

Artelia Moudy

14. NAME OF HUSBAND OR WIFE

Goldie Tinker Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Owens - Monett, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Infarction of the myocardium

INTERVAL BETWEEN
ONSET AND DEATH
10 hrs.

DUE TO (b)

Arteriosclerotic heart disease

few years

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Cancer removed from the bladder three years ago

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-24-66 to 5-28-62 and last saw her 5-28-62
Death occurred at 5:55 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

315 1/2 Broadway

22c. DATE SIGNED

6-1-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6/2/62

23c. NAME OF CEMETERY OR CREMATORY

IOOF Cemetery

23d. LOCATION (City, town, or county)

Monett,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

J. D. Buchanan, Monett, Mo.

25. DATE RECD. BY LOCAL REG.

6-1-62

26. REGISTRAR'S SIGNATURE

Mrs. P. A. Cook

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

JUN 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. M. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.